

२४ आठवड्यापलिकडील वैद्यकीय गर्भपात
करण्यासाठी अनुसरावयाच्या कार्यपध्दतीचे मानक
मार्गदर्शक तत्वे निश्चित करणेबाबत.

महाराष्ट्र शासन
सार्वजनिक आरोग्य विभाग
शासन निर्णय क्रमांक: न्यायाप्र-२०२४/५४/प्र.क्र.१००/कु.क.
१० वा मजला, गोकुळदास तेजपाल रुग्णालय संकूल इमारत
नवीन मंत्रालय, मुंबई ४०० ००९.
दिनांक : ०३ जून, २०२४

वाचा :-

- १) केंद्र शासन अधिसूचना - वैद्यकीय गर्भपात (सुधारणा) अधिनियम, २०२१ दि.२५.०३.२०२१.
- २) केंद्र शासन अधिसूचना - वैद्यकीय गर्भपात (सुधारणा) नियम, २०२१ दि.१२.१०.२०२१.
- ३) केंद्र शासन अधिसूचना - वैद्यकीय गर्भपात (सुधारणा) अधिनियम, २०२१ दि.१५.०९.२०२१.
- ४) सार्वजनिक आरोग्य विभाग शासन निर्णय क्र.MTP-२०२१/प्र.क्र.१२६/कु.क. दि.१५.०६.२०२२.
- ५) सार्वजनिक आरोग्य विभाग अधिसूचना क्र.MTP-२०२२/प्र.क्र.७३५/कु.क. दि.०८.०२.२०२३.
- ६) मा.उच्च न्यायालय, मुंबई (नागपूर खंडपीठ) नागपूर यांचे स्वाधिकारे जनहित याचिका क्र.०२/२०२४ (याचिका क्र.२३१९/२०२४ मधून रुपांतरित) मध्ये दि.०५.०४.२०२४ रोजी दिलेला न्याय निर्णय.
- ७) अतिरिक्त संचालक, राज्य कुंटुब कल्याण कार्यालय, पुणे यांचे पत्र क्र.जा.क्र.राकुका/पीसीपीएनडीटी/कक्ष-८ड/नस्ती क्र.११८७/२४ आठवड्यापलिकडील वैद्यकीय गर्भपात केंद्रांनी अनुसरावयाची मार्गदर्शक तत्वे (SOPs)बाबत/२६८२२-८२५/२४, दि.३०.०५.२०२४.

प्रस्तावना :-

मा.उच्च न्यायालय, नागपूर खंडपीठ यांनी सौ.अश्विनी घनश्याम पाली विरुद्ध महाराष्ट्र शासन स्वाधिकारे जनहित याचिका क्र.०२/२०२४ (याचिका क्र.२३१९/२०२४ मधून रुपांतरित) मध्ये दि.०५.०४.२०२४ रोजीच्या न्याय निर्णयापासून म्हणजेच दि.०५.०४.२०२४ पासून दोन महिन्याच्या कालावधीत वैद्यकीय गर्भपात अधिनियम-१९७१ व त्या अंतर्गत वैद्यकीय गर्भपात (सुधारणा) अधिनियम, २०२१ तसेच वैद्यकीय गर्भपात नियम-२००३ व वैद्यकीय गर्भपात (सुधारणा) नियम, २०२१ अंतर्गत मानक मार्गदर्शक कार्यपध्दती (Standard Operative Procedure) निश्चित करण्याबाबत निर्देश दिले आहेत. त्यास अनुसरून मानक मार्गदर्शक कार्यपध्दती निश्चित करण्याची बाब शासनाच्या विचाराधीन होती.

शासन निर्णय :-

शासन अधिसूचना दि.०८.०२.२०२३ अन्वये, वैद्यकीय मंडळे गठीत करण्यात आलेले आहेत. केंद्र शासनाच्या उक्त वाचा येथील अनु. १ ते ३ मधील तरतुदीनुसार, २४ आठवड्यापलिकडील वैद्यकीय गर्भपात प्रकरणी मत (मान्यता अथवा नकार) देण्याकरिता शासन निर्णय दि.१५.०६.२०२२ अन्वये या स्थायी वैद्यकीय

मंडळाच्या कार्यक्षेत्र सुधारणा करण्यात आली आहे. आता या शासन निर्णयासोबत जोडलेल्या परिशिष्टानुसार २४ आठवड्यापलिकडील वैद्यकीय गर्भपात करण्याच्या मानक मार्गदर्शक कार्यपद्धतीस (Standard Operative Procedure) शासन मान्यता देण्यात येत आहे.

२. सदर शासन निर्णय महाराष्ट्र शासनाच्या www.maharashtra.gov.in या संकेतस्थळावर उपलब्ध करण्यात आला असून त्याचा संकेतांक २०२४०५३११४२४३४०६१७ असा आहे. हा शासन निर्णय डिजिटल स्वाक्षरीने साक्षांकित करून काढण्यात येत आहे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने.

सहपत्र - परिशिष्ट.

(वैभव ग. कोष्टी)

कार्यासन अधिकारी, महाराष्ट्र शासन

प्रत,

१. मा.राज्यपाल यांचे सचिव, राजभवन, मलबार हिल, मुंबई.
२. मा.मुख्यमंत्री, महाराष्ट्र राज्य, मुंबई.
३. मा.मंत्री, सार्वजनिक आरोग्य विभाग, मंत्रालय, मुंबई.
४. मा.राज्यमंत्री, सार्वजनिक आरोग्य विभाग, मंत्रालय, मुंबई.
५. मा.मंत्री/राज्यमंत्री (सर्व).
६. मा.अप्पर मुख्य सचिव, सार्वजनिक आरोग्य विभाग, मंत्रालय, मुंबई.
७. मा.अप्पर मुख्य सचिव/ प्रधान सचिव/ सचिव (सर्व विभाग), मंत्रालय, मुंबई.
८. आयुक्त, आरोग्य सेवा तथा अभियान संचालक, राष्ट्रीय आरोग्य अभियान, मुंबई.
९. जिल्हाधिकारी (सर्व).
१०. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, (सर्व).
११. जिल्हा शल्य चिकित्सक, जिल्हा रुग्णालय (सर्व).
१२. प्रधान सचिव, वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग, मंत्रालय, मुंबई.
१३. संचालक, वैद्यकीय शिक्षण व संशोधन, मुंबई.
१४. सह संचालक, अर्थ व प्रशासन, आरोग्य सेवा आयुक्तालय, मुंबई.
१५. अतिरिक्त संचालक, आरोग्य सेवा, राज्य कुटुंब कल्याण कार्यालय, पुणे
१६. उप संचालक, आरोग्य सेवा, परिमंडळ (सर्व)
१७. निवडनस्ती (कु.क.) .

परिशिष्ट

Powers and Functions of Medical Board:-

- i) To allow or deny termination of pregnancy beyond twenty-four weeks of gestation period with foetal anomaly.
- ii) Co-opt other specialists in the Board and ask for any additional investigations if required, for deciding on the termination of Pregnancy.
- iii) To examine the women and her reports. who may approach for medical termination of Pregnancy under sub-section 2 (B) of section (3).
- iv) Provide the opinion of Medical Board in Form D with regard to the termination of pregnancy or rejection of request for termination within three days of receiving the request for medical termination of pregnancy under sub-section 2(b) of section (3).
- v) To ensure that the termination procedure when advice by the Medical Board is carried within 5 days of the receipt of the request for medical termination of pregnancy under sub-section 2(b) of section (3).

As per the directives given by Hon'ble High Court, Mumbai Nagpur Bench on 05.04.2024 under Writ Petition No.2319/2024, meetings of experts held on 29.04.2024 and at SFWB, Pune and following Standard Operative Procedures to be followed by Medical Boards and approved MTP centres in the state formulated for Medical Termination of Pregnancy beyond 24 weeks of gestation with foetal anomaly after any women/girl approaches Medical board to terminate such pregnancy. Medical Board for MTP for pregnancies more than 24 weeks gestation with foetal anomaly will examine and form opinion for MTP in case of foetal anomalies only. In case of other pregnancies with more than 24 weeks gestation seeking MTP (Rape. Minor, Change of marital status during ongoing pregnancies, women with physical disabilities, mentally ill women etc.) Medical Board will not form opinion for MTP as act is amended and MTP is allowed till 24 weeks of pregnancy in such cases. Such cases may be intervened in court.

MTP Act 1971 Amendment 2021 provides information on the conditions for which the patient may approach to Medical Board.

a. Late term terminations for diagnosed foetal abnormality:-

Medical technology has advanced significantly since 1971. With advancements in diagnostics and technology including ultrasound machines, amniocentesis, CVS, Genetic Testing accurate diagnosis of foetal abnormality and its impact on child when born, can now be assessed with accuracy during the course of the pregnancy.

The responsibility of the Medical Board is to determine if the foetal abnormality is substantial enough to qualify as either incompatible with life or associated with significant morbidity or mortality in the child, if born. The final opinion would be given by the Board. The Board members must follow the examination protocol described later in this SOPs in section II and submit their consolidated opinion report.

I. Procedure for examination by Medical Boards after receiving request for MTP beyond 24 weeks with foetal anomaly:-

The Medical Board shall convene immediately on receipt of request for MTP beyond 24 weeks and examine the girl/ woman and submit their consolidated report in the stipulated time period. It may be noted that the girl/woman would be going through a period of high mental stress and must be provided a respectful environment while being examined. The experts in the Medical Board should review the

available investigations and reports prior to examination. It must be ensured that the girl/woman is not required to undergo repeated avoidable examinations.

Listed below are the steps for the Medical Board to fulfil their duties:

a. History taking:-

Thorough history must be taken and documented including:

- a. Age of the girl/woman: the age as reported to be reported.
- b. Menstrual history: especially last menstrual period for determining period of gestation.
- c. Family/ obstetric history, number of living/ healthy children, if applicable.
- d. Medical and drug history for any problems relevant to the procedure of termination and safety of general anaesthesia.

b. Physical examination:-

- A general physical examination must be done to assess physical fitness for termination.
- Obstetric examination must be done for assessing period of gestation, uterine size and any other abnormality.
- Ultrasound needs to be done for confirming the period of gestation.

c. Confirming foetal abnormality

- Congenital malformations etc. for which the termination is indicated must be confirmed by reviewing the documents and available investigation reports and necessary investigations.
- Additional investigations, if required may be conducted to confirm the type and extent of abnormality.
- The experts may refer to the list of foetal abnormalities as detailed in Annexure 1 in context of the examination and reports and the woman's health as well as the foetal condition and its impact on the life of the child if born.
- Collective decision may be taken by the experts taking all this into account.

II. Requirements for MTP beyond 24 weeks of pregnancy.

- a) An operation table and instruments for performing abdominal or gynaecological surgery,
- b) Anaesthetic equipment, resuscitation equipment and sterilisation equipment
- c) Availability of drugs, parental fluids and blood for emergency use, as may be notified by the Central Government from time to time and
- d) Facility for procedure under ultrasound guidance,

a. Counselling of pregnant woman/ family seeking termination:-

- a. Counseling about method of MTP and if in case of failure need of hystrotomy.

In addition, the following issues may also be addressed while counselling girl/women seeking termination on grounds of foetal abnormality,

1. The nature of the abnormality in the foetus. She must also be apprised of the risk of abnormality in existing siblings or future pregnancies.
2. The required tests on the foetus post termination depending on the foetal abnormality.

b. Preparatory activities:-

1. Consent in Form C as per act.
2. Confirm her physical fitness and anaesthesia fitness by taking detailed history and conducting a physical examination.
3. The investigations listed below should be undertaken and mechanism should be in place for quick turn-around of reports to avoid delay in service delivery.
 - Haemoglobin, blood group, complete blood count, blood sugar, blood urea must be tested.
 - Any other test depending on maternal history must be conducted.
 - Pre-anaesthesia check-up for fitness for termination procedure/surgery must be done.

The Board/Approved MTP Centres should report all the activities performed for conducting the MTP.

c. Termination methods:-

The Medical Board will recommend the method of termination whether it would be surgical or medical in their opinion report. After receiving the opinion to proceed for termination, in case medical method recommended, the termination may be done using any of the following methods,

Source	Day 1	36 – 48 hours later	Repeat doses
Royal College of Obstetricians & Gynaecologists 2011 (13 – 24 weeks)	200 mg oral Mifepristone	Misoprostol 800 mcg vaginal	Misoprostol 400 mcg vaginal or oral every 3 hours up to 4 further doses*
World Health Organization 2014 (>12 weeks)	200 mg oral Mifepristone	Misoprostol 800 mcg vaginal, or 400 mcg oral	Misoprostol 400 mcg vaginal or sublingual every 3 hours up to 5 doses
National Abortion Federation 2015 (>14 weeks from LMP)	200 mg oral Mifepristone	Misoprostol 400 mcg vaginal, buccal, or sublingual	Every 3-4 hours

**If expulsion does not occur, mifepristone can be repeated three hours after the last dose of misoprostol and 12 hours later misoprostol can be recommenced.*

Carefully watch for general condition, pain in the abdomen, uterine contractions/ bleeding per vagina.

Experts in the Medical Board/Approved MTP Centers may assess the need for post-abortion contraception for the woman and provide information on the same as may be required.

In addition to above, following Standard Operative Procedures should be followed by the Medical Boards,

a) Providing one point of contact at the Medical Board:

All the Medical Boards shall have a dedicated Nodal Officer who shall coordinate between the medical experts on the Medical board and the girl/woman who has been approached board for the opinion (hence forth called as “patient”). The Nodal Officer shall be one point contact for the patient. Each Medical Board shall provide an email address and phone number of Nodal Officer on which the patient shall contact for coming to Medical Board for examination. The Nodal Officer shall inform the patient to carry her identity proof when she comes for examination and which will be kept confidential.

(**Explanation:** Without petition patient can visit medical board).

Step 1:

The Medical Board shall interview the patient, complete the physical examination and peruse the investigations and reports. In the interest of time, Medical Board may rely on the reports done by patient. If need be, additional investigations can be done, on priority basis.

(**Explanation:** There are some investigations such as amniocentesis and chromosomal analysis which are invasive in nature and are time consuming. Since time in the essence, the committee may rely on the existing reports.)

Step 1 should be finished on the first day itself so as to avoid repeated travelling of the patient to the Medical Board.

Step 2:

The Medical Boards shall discuss amongst its members regarding the case. The Medical Board members will analyse the reports of additional investigations (if any) to confirm that the abnormality is of substantial and serious nature. Indicative list of substantial abnormalities as given in annexure 1 of this SOPs will help the experts in forming the opinion. Note that there may be abnormalities which are serious and substantial but may not be mentioned in the indicative list.

Specialists members of Medical Board will bring to the table inputs from their own domain of expertise such as Radiologist may confirm the anomaly diagnosis, Paediatrician may confirm the seriousness of the abnormality after the birth of the baby, Psychiatrist may confirm mental health of patient. Gynaecologist, physician, anaesthesia will take a holistic view on the situation and opine that termination at this stage will not be more risky than delivery.

Step 3:

Medical Board report in form D should be given to patient.

b) The final opinion report of Medical Board shall mainly take into consideration:

- (i) Every district will be jurisdiction for patient to approach District MTP Medical Board with pregnancies beyond 24 weeks with foetal anomaly.
- (ii) As per Amended act upto 24 weeks pregnancies MTP allowed as per Form E. After 24 weeks only foetal anomaly considered in this board for MTP.

While dealing with termination of pregnancy beyond 24 weeks, all the norms set by MTP Act, rules and regulations there under which are applicable for MTP between 12 – 24 weeks should be followed.
